

beacon
health options

Kansas Sentencing Commission
SB123 Program
Implementation
ProviderConnect Demo

October 2018

Introductions

Panel

- Toby Scott MA MBA
NCC, Texas – LPC, Kansas – LCAC, LCPC
 - Director Clinical Services
- Beth Bernasek BS
Kansas - LAC
 - PROVIDER QUALITY MGR
- Alicia DeSieno
 - Regional Operations Manager

Overview

- ProviderConnect Role Based Security
- Accessing ProviderConnect
- Super users and Managed users
- Release of Information is Required
- How to submit a Release of Information to gain access to an offender record
 - KSSC Approved Release of Information
- How to view offender auths and claims
- How to determine offender eligibility

ProviderConnect Role Based Security

ProviderConnect Role Based Security

The Online_Services_Account_Request_Form has been emailed to all districts and providers.

It can also be downloaded from the Beacon Health Options website at
https://www.beaconhealthoptions.com/pdf/administrative/Online_Services_Account_Request_Form-Editable.pdf

or requested from
SB123@BeaconHealthOptions.com

Where to return completed forms

Please send completed forms to:

SB123@BeaconHealthOptions.com

Online_Services_Account_Request_Form



ProviderConnect Online Services Account Request Form

Special Setup:
☐ Additional User Account
☒ Super User Account
☐ Military OneSource
☐ Horizon Behavioral Health

Provider, Practice or Facility Name

Beacon Health Options Assigned ID

National Provider Identifier (NPI)

Provider, Practice or Facility Tax IDs to be associated to this online account. If more than one, please list all.

Address

City

State

Zip Code

()

Telephone Number

()

Fax Number

Please check which Online Provider Services options you are requesting:

☐ Electronic Batch Claims (837)
☐ Direct Claims Submission

☐ 277CA Acknowledgement File
☐ 999 Acknowledgement File

Automatically included:
☒ Eligibility Inquiry
☒ Claim Status
☒ Authorization Inquiry
☒ Provider Summary Vouchers

Provider has retained a 3rd party Billing Agent or Clearinghouse to submit claims on their behalf.
(Other than office staff) (If yes, please complete the Billing Intermediary Authorization Form)

☐ Yes ☐ No

Depending on the state in which you are practicing, you may need multiple logins created to ensure the claims are processed accurately (i.e. Medicaid vs. Commercial). If you intend to submit **batch** transactions for one of the states below please mark the appropriate box:

Colorado, batch claims for Colorado Medicaid clients?

☐ Yes ☐ No ☐ Both

Kansas, batch claims for Kansas Medicaid or AAPS Block Grant clients?

☐ Yes ☐ No ☐ Both

Maryland, batch claims Maryland BHA clients?

☐ Yes ☐ No ☐ Both

Massachusetts, batch claims for Massachusetts Behavioral Health Partnership (MBHP)?

☐ Yes ☐ No ☐ Both

Pennsylvania, batch claims for SWPA Medicaid clients?

☐ Yes ☐ No ☐ Both

Pennsylvania, batch claims for Non-HealthChoices Mental Health Program?

☐ Yes ☐ No ☐ Both

Texas, batch claims for Texas NorthSTAR clients?

☐ Yes ☐ No ☐ Both

Illinois, batch registration for Illinois Mental Health Collaborative or ICG clients?

☐ Yes ☐ No

Georgia, batch registration, authorization, discharge or claims for Georgia Collaborative ASO?

☐ Yes ☐ No

Contact Name (ProviderConnect Account User)

Contact's e-mail address

E-mail address where you would like to receive your batch submission file feedback

Page 1 of 3

Please return this form via fax to 866.698.6032

Beacon Health Options, Inc. | EDI Helpdesk | PO Box 1287, Latham, NY 12110 | Phone#: 888.247.9311

Incomplete, incorrect or illegible forms may delay or prevent proper processing

Agreement Terms:

- The undersigned submitter authorizes Beacon Health Options, Inc. to receive and process claims or batch registration, authorization and/or discharge submissions via the Beacon Health Options Electronic Transport System (ETS) or Beacon Health Options Online Provider Services Program on his/her/its behalf in accordance with the applicable regulations.
- All submitted information must be true, accurate and complete. I/We understand that payment of any claim submitted in falsification or concealment of a material fact may be prosecuted under any applicable state and/or federal laws.
- The Submitter agrees to comply with any laws, rules and regulations governing the Beacon Health Options Online Provider Services/EDI program.
- The Provider agrees to accept, as payment in full, the amounts paid in accordance with the fee schedules provided for under previously established agreements with Beacon Health Options.
- This is to certify that an exact copy of any claim files submitted via the Beacon Health Options ETS system or Online Provider Services program will be stored in an electronic medium and held by the originator for a period of 90 days or until the submission has been finalized as to reimbursement or denial of payment, whichever comes first.

This is to certify that the following is true:

- ☒ I am a provider
OR
☐ I am office staff of a Provider, and am authorized to sign on their behalf.

Signatures:

Legal name of Organization

Title of individual signing for organization

Name of Individual Signing for Organization

Authorizing Signature

Date

For Super User Accounts Only; Managed User Information:

First and Last Name of Initial Managed User
(Must differ from Contact Name on page 1)

Managed User's Phone

Managed User's e-mail address (Please print)
(Must differ from Contact Email on page 1)

Page 2 of 3

Please return this form via fax to 866.698.6032

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Incomplete, incorrect or illegible forms may delay or prevent proper processing

Key points in filling out the form

- A Super User is a System Admin
- Each entity can have multiple super users
- Each Super User MUST have one managed user
- There are no required qualifications to be a Super User. There is no expectation that this will be a “Clinical” person. This person can be anyone designated by the facility.

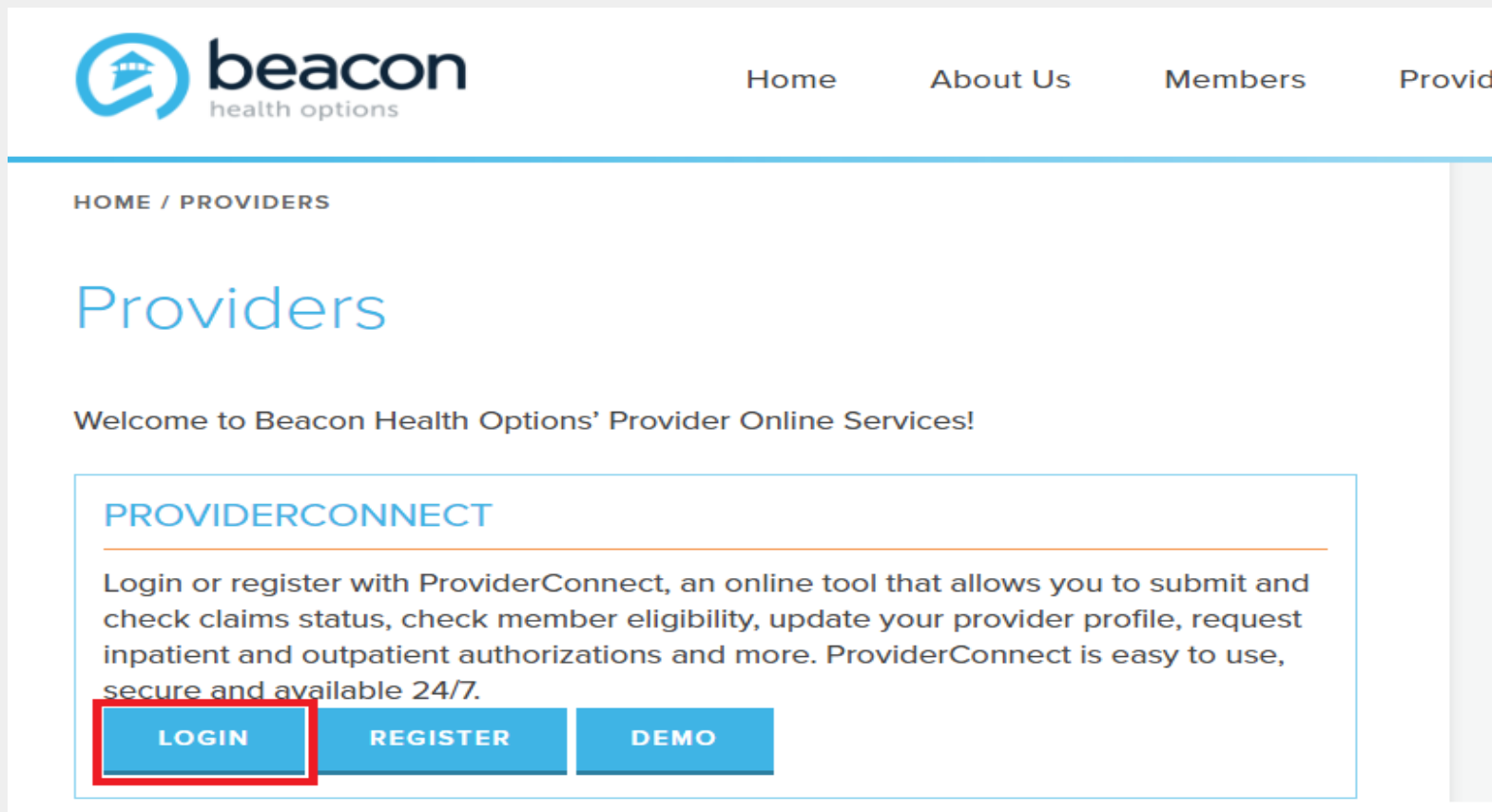
New Providers and Judicial Districts

- In order to complete the Online_Services_Account_Request_Form you must be added to the Beacon network.
 - You will need to have a Beacon Assigned ID
 - If you do not have a Beacon Assigned ID please leave it blank. Our local Topeka team will add this number for you.
 - Please send these forms to SB123@BeaconHealthOptions.com

Accessing ProviderConnect

Accessing ProviderConnect

- Access the following URL:
<http://kansas.beaconhealthoptions.com/providers/>



The screenshot shows the Beacon Health Options website. The header includes the Beacon Health Options logo and navigation links for Home, About Us, Members, and Providers. The main content area is titled 'Providers' and includes a welcome message. A section titled 'PROVIDERCONNECT' contains a description of the service and three buttons: LOGIN, REGISTER, and DEMO. The LOGIN button is highlighted with a red border.

beacon health options

Home About Us Members Providers

HOME / PROVIDERS

Providers

Welcome to Beacon Health Options' Provider Online Services!

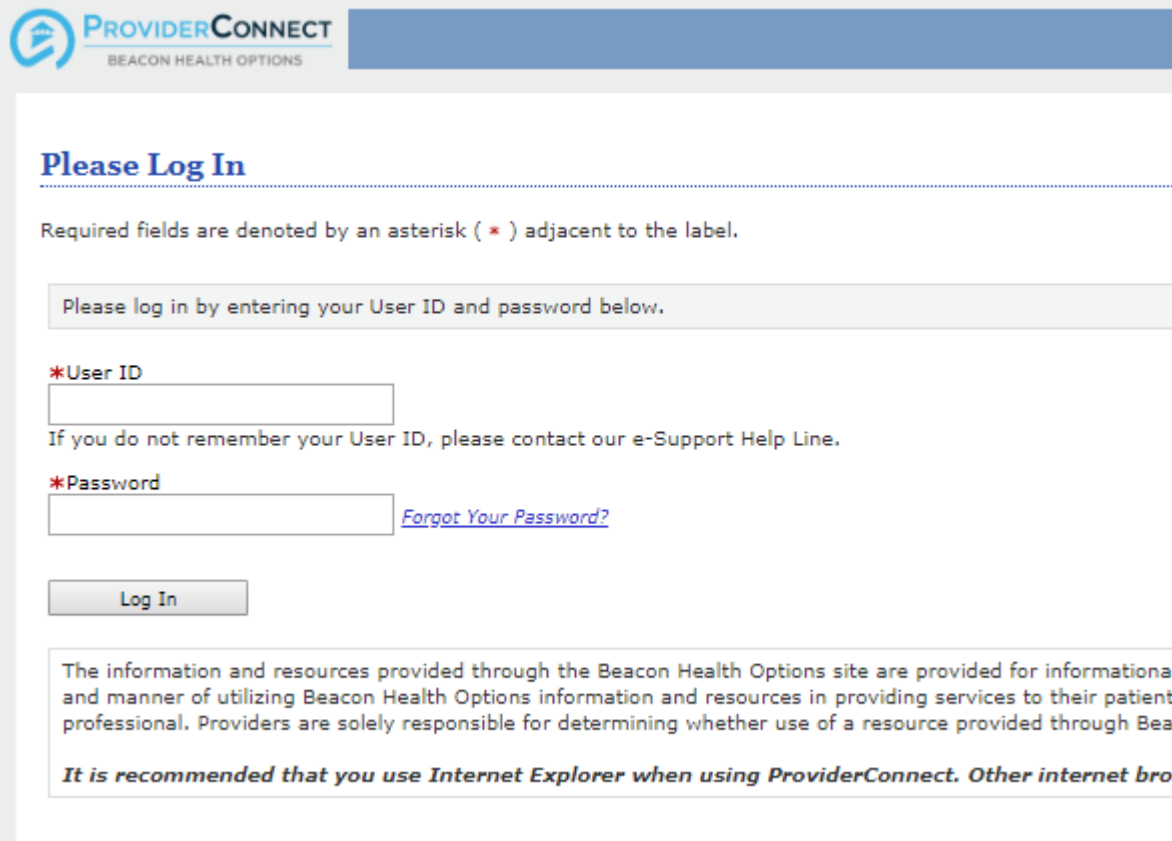
PROVIDERCONNECT

Login or register with ProviderConnect, an online tool that allows you to submit and check claims status, check member eligibility, update your provider profile, request inpatient and outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7.

LOGIN **REGISTER** **DEMO**

Login Credentials

- Enter login credentials received via email from Beacon's eServices department



The screenshot shows the login interface for ProviderConnect. At the top left is the logo with the text "PROVIDERCONNECT" and "BEACON HEALTH OPTIONS" below it. The main heading is "Please Log In". A note states: "Required fields are denoted by an asterisk (*) adjacent to the label." Below this is a grey box with the instruction: "Please log in by entering your User ID and password below." There are two input fields: the first is labeled "*User ID" and the second is labeled "*Password". To the right of the password field is a blue link that says "Forgot Your Password?". Below the input fields is a "Log In" button. At the bottom, there is a disclaimer: "The information and resources provided through the Beacon Health Options site are provided for informational and manner of utilizing Beacon Health Options information and resources in providing services to their patient professional. Providers are solely responsible for determining whether use of a resource provided through Bea". Below the disclaimer is a recommendation: "It is recommended that you use Internet Explorer when using ProviderConnect. Other internet bro".

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Please Log In

Required fields are denoted by an asterisk (*) adjacent to the label.

Please log in by entering your User ID and password below.

*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

*Password
 [Forgot Your Password?](#)

Log In

The information and resources provided through the Beacon Health Options site are provided for informational and manner of utilizing Beacon Health Options information and resources in providing services to their patient professional. Providers are solely responsible for determining whether use of a resource provided through Bea

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet bro

Accept the User Agreement

- Click I Agree at the bottom of the ProviderConnect Use Agreement

ProviderConnect Use Agreement

Welcome to www.valueoptions.com, the website for Beacon Health Options, Inc.

Please carefully read the terms of this Agreement before you click the "I Agree" button. If, after reading the terms you agree on behalf of yourself and your company or organization or facility to be bound by this Agreement, you must click the "I Agree" button at the end of this screen in order to proceed.

By clicking the "I Agree" button and accessing or using the ProviderConnect site or any of the online services available, you, on behalf of yourself and your company or organization or facility: (1) represent and warrant that you have the capacity and authority to enter into this Agreement; (2) agree to be bound by the terms and conditions of this Agreement; and (3) acknowledge and agree all transactions and services conducted through ProviderConnect are and carry full legal authority as if same were transacted or conducted on paper. You will need to request a user name and password for access to certain online services available on ProviderConnect.

If you do not wish to be bound by the terms and conditions of this Agreement, or do not have the legal authority to enter into this Agreement, you may not proceed or use any of the transactions or services available on ProviderConnect.

This ProviderConnect Use Agreement (the "Agreement") is between you and Beacon Health Options, Inc. on behalf of itself and its affiliates and subsidiaries ("Beacon Health Options") and governs your use of ProviderConnect. By accessing the ProviderConnect site or using any of the online services available, you agree to the following terms:

Provider Agreement. If you or your company, organization or facility have a participation or facility agreement in effect with Beacon Health Options, your use of ProviderConnect and any online transactions or services accessed thereunder is also subject to the terms and conditions of that provider agreement. If you or your company, organization or facility do not have a participation or facility agreement in effect with Beacon Health Options, your use of ProviderConnect and any online transactions or services accessed thereunder are subject to the terms of this Agreement.

Access to ProviderConnect. Beacon Health Options may deny access to ProviderConnect and/or its systems or online services to anyone at any time, with or without cause.

User IDs and Passwords. You agree to keep your User ID and password confidential and not to share them. You are solely responsible and liable for all actions taken using your User ID and password. If you lose or forget your User ID or password, or you believe your User ID or password has been compromised, notify Beacon Health Options immediately so that we may deactivate them.

Use of ProviderConnect. You will not use or access ProviderConnect or any of the online transactions available or accessible on or through ProviderConnect in a manner that violates or may violate applicable laws, rules and/or regulations.

Online Transactions & Services. You agree that any and all transactions performed and/or services accessed on or through ProviderConnect are legally binding and subject to applicable state and/or federal laws, rules and/or regulations. You understand and agree that use of User IDs and passwords in performing or accessing online transactions and/or services bears the same legal authority as your written signature. Certain online transactions and/or services on ProviderConnect may be performed or conducted by Beacon Health Options licensors. You understand that proven misconduct could lead to termination of your or your company's, organization's or facility's provider agreement with Beacon Health Options, where applicable. Beacon Health Options, in its sole discretion and with or without notice, may modify or discontinue, temporarily or permanently, the ProviderConnect site and/or any one or more of the online transactions and/or services available thereunder.

Eligibility, Coverage and Claims Information. Eligibility or coverage information, and claims status or submission information accessible or available through ProviderConnect is for your convenience only and is subject to change. Verification of eligibility and claims submissions and/or processing requirements are governed by the terms of your provider agreement with Beacon Health Options (where applicable) and the provisions of the member's health benefit plan.

Data & Hardware. You are and remain responsible for regularly backing up your own data and for maintaining records of online transactions performed and/or services used on ProviderConnect. Neither Beacon Health Options nor any of its licensors are responsible for any lost data. Beacon Health Options does not guarantee or warrant that any files which may be accessible through ProviderConnect or any online transaction or service thereunder will be free from computer viruses or other codes or destructive properties or elements. You are and remain responsible for using sufficient and appropriate procedures and mechanisms, including without limitation any security software, to meet your requirements. You understand that there may be certain minimum hardware and software requirements in order to access ProviderConnect and/or to perform or conduct certain online transactions or services available on or through ProviderConnect. You are responsible for the purchase, use, maintenance and service of your hardware and software used in connecting to ProviderConnect and/or performing any online transactions or conducting online services on or through ProviderConnect.

It is recommended that you use Internet Explorer when using ProviderConnect. Other Internet browsers may not be compatible and may result in formatting or other visible differences.

Authorized Designees. You may designate certain authorized persons or entities to perform certain online transactions or services for you in limited circumstances. To do so, you will need to complete and submit appropriate designation forms and the designated persons or entities will need to complete identified applications and agree to the terms of this Agreement. You remain responsible and liable for the activities, transactions and services performed or accessed on your behalf by your authorized designees.

Medical or Behavioral Health Content. Any medical or behavioral health content made available on ProviderConnect is for educational and informational purposes only. Neither ProviderConnect nor any medical or behavioral health content therein is a substitute for professional medical advice or treatment.

ProviderConnect Content. ProviderConnect and the contents of ProviderConnect are proprietary to Beacon Health Options, and in some instances are protected by copyright. All right, title and interest (including all copyrights, trademarks, trade secrets and other intellectual property rights) to ProviderConnect and the contents and materials therein are owned by Beacon Health Options, or one or more of Beacon Health Options' licensors. You are authorized to view and download material on ProviderConnect solely for your own use. You may not sell, modify or distribute the material on ProviderConnect or otherwise use it for any public or commercial purpose without the express written prior authorization and consent of Beacon Health Options.

Links to Other Websites. Links to other sites or access to non-Beacon Health Options sites or information may be contained on ProviderConnect. You link to and access such other sites at your discretion and risk. Beacon Health Options does not endorse and is not responsible for information, content, transactions or services accessed, performed or conducted on non-Beacon Health Options sites and/or the content or accuracy of such sites.

Disclaimer. Beacon Health Options disclaims any representation or warranty, express or implied, as to any transaction or service available and/or information, data and/or materials accessible on or through ProviderConnect and makes ProviderConnect and the online transactions and services and content of ProviderConnect available on an "as is" basis.

Confidentiality. You understand that through use of ProviderConnect and/or certain online transactions and/or services available, you will or may have access to or be able to view, send and/or receive confidential medical information, including without limitation "protected health information" (as defined under the federal Health Information Portability and Accountability Act of 1996 and the rules and regulations promulgated thereunder, as amended) and/or patient identifying information as defined under 42 C.F.R. Part and its successors.

Privacy & Security. The Beacon Health Options Privacy Statement describes the type of information Beacon Health Options and its licensors may collect from you when you visit www.valueoptions.com and/or the ProviderConnect site. You may review the Beacon Health Options Privacy Statement by clicking on "Privacy" at the bottom of the page on www.valueoptions.com. You acknowledge and agree that access to and use of ProviderConnect and any online transactions or services thereunder are subject to compliance with all applicable state and federal laws, rules and/or regulations, including without limitation the Health Insurance Portability and Accountability Act of 1996 and the rules and regulations promulgated thereunder, as amended, inclusive of its privacy, security and administrative simplification provisions.

Independent Contractors. You and Beacon Health Options are independent contractors. Nothing in this Agreement is or should be construed to create or imply any other relationship as between you and Beacon Health Options.

Liability. NEITHER BEACON HEALTH OPTIONS NOR ANY OF ITS OFFICERS, DIRECTORS, EMPLOYEES, LICENSORS, CONTRACTORS OR SUPPLIERS ARE RESPONSIBLE OR LIABLE TO YOU OR ANY THIRD PARTY FOR DAMAGES (WHETHER, DIRECT, INDIRECT, COMPENSATORY, SPECIAL, INCIDENTAL, CONSEQUENTIAL, EXEMPLARY, OR PUNITIVE) SUFFERED AS A RESULT OF: (1) ACCESS TO, USE OR MISUSE OF OR DIFFICULTY OR INABILITY TO USE (AND/OR ANY DELAYS RELATED THERETO) PROVIDERCONNECT AND/OR ANY ONE OR MORE OF THE ONLINE TRANSACTIONS OR SERVICES AVAILABLE THEREUNDER, INCLUDING WITHOUT LIMITATION COMPUTER VIRUSES, MALICIOUS CODE OR COMPATIBILITY ISSUES; (2) ANY INACCURACY OR INCOMPLETENESS OF INFORMATION OR DATA SUBMITTED BY YOU; (3) ANY INAPPROPRIATE OR ILLEGAL ACCESS OR USE OF PROVIDERCONNECT AND/OR INFORMATION, DATA OR MATERIALS CONTAINED THEREIN; (4) UNAUTHORIZED ACCESS TO OR ALTERNATIVE OF YOUR TRANSMISSIONS OR DATA; (5) ANY OTHER MATTER RELATED TO OR ARISING FROM ACCESS OR USE OF PROVIDERCONNECT AND/OR ANY ONLINE TRANSACTIONS OR SERVICES THEREUNDER.

Indemnification. In addition to your obligations under this Agreement and your provider agreement with Beacon Health Options, you agree to indemnify, defend and hold harmless Beacon Health Options, its affiliates, subsidiaries, licensors, officers, directors, employees and contractors against any claims, losses, damages, fines, penalties, judgments, expenses or costs (including without limitation reasonable attorneys fees and costs) arising from and/or incurred as a result of and/or related to your breach of this Agreement and/or your use or misuse of ProviderConnect and/or any online transactions or services available thereunder and/or information contained within or transmitted through ProviderConnect by you or your authorized designees.

Updates & Modifications. Beacon Health Options, in its sole discretion, may update or modify this Agreement from time to time. Beacon Health Options will provide notice of updates or modifications to this Agreement on this website. If you continue to use or access the ProviderConnect site following such notice, you are deemed to have accepted the updated or modified Agreement and agreed to all of the terms and conditions contained therein. This Agreement is available on the ProviderConnect site. You agree to review this Agreement periodically.

Assignment & Governing Law. You may assign this Agreement only with the prior written consent of Beacon Health Options. This Agreement and all disputes, lawsuits and claims relating to this Agreement shall be governed by the laws of the Commonwealth of Virginia, excluding its conflicts of law rules.

Termination. You may terminate this Agreement by providing written notice to Beacon Health Options and discontinuing your use of ProviderConnect. Beacon Health Options may terminate this Agreement and your right to access or use ProviderConnect at any time, with or without cause.

First Time Login

- verify their email address,
- change your password and security question,
- Mark the box to receive email notifications from Beacon,
- Click no to communicate with member via the message center,
- Click Update Profile.

First Time Login



[ValueOptions Home](#) [Provider Home](#) [Contact Us](#) [Log Out](#)

Modify Profile

Required fields are denoted by an asterisk (*) adjacent to the label.

This page contains your information. To protect your privacy, do not walk away from your computer while this information is being displayed. We recommend you close your web browser when you are finished with this session, because your personal information will remain in your web browser's memory until you close the browser.

Provider ID	12345ER
Provider Name	EMILY ROE
Tax ID	

The following form is pre-filled with your Profile information. You can modify any of this information by simply entering new information and pressing the Update Profile button. When you press this button, this page will be redisplayed showing the changes you have made.

Editable Profile Details

* ProviderConnect E-Mail Address	Emily.Roe@ABCKYZ.org
* Verify ProviderConnect E-Mail Address	Emily.Roe@ABCKYZ.org
Secondary ProviderConnect E-Mail Address	
* Phone No (1)	5182208115 Ext. <input type="text"/>
Fax Number	<input type="text"/>
* Password	*****
* Confirm New Password	*****
* Security Question	Where was your first date?
* Answer to Security Question	Movie Theater

Password must be between 8 and 20 characters long, must contain at least one number (0-9), one upper case letter (A-Z), one lower case letter (a-z), one of these special characters (! " # \$ % & ' * + , - . : ; = ? [\] ^ _ ` { | } ~), but no spaces. Make sure it is difficult for others to guess. Your Password is case-sensitive.

Would you like to request additional services? Following are the services available with indication of the services you are currently registered for. To request additional items, check the appropriate box.

Claims Inquiry	<input type="checkbox"/>
Claims Submission	<input type="checkbox"/>
Email Notification	<input checked="" type="checkbox"/> Click to receive Email Notifications from Beacon Health Options
* Use ProviderConnect Message Center to communicate with members?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Ready to Use ProviderConnect



Switch Account 132162KS-General Claims Account ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization/Notification Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Manage Users
Review Referrals
Enter Bed Tracking Information
Search Beds/Openings
Weekly Behavior Analysis Measures
EDI Homepage
Enter Member Reminders
Reports
Print Spectrum Release of Information Form
ABA Availability Survey
My Online Profile
My Practice Information
Provider Credentialing Application
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Designation
Contact Us

Welcome

Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER



Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▶ [Eligibility and Benefits](#)
 - ▶ [Find a Specific Member](#)
 - ▶ [Register a Member](#)
- ▶ [Enter or Review Authorization Requests](#)
 - ▶ [Enter an Authorization/Notification Request](#)
 - ▶ [Review an Authorization](#)
 - ▶ [View Clinical Drafts](#)
 - ▶ [Weekly Behavior Analysis Measures](#)
- ▶ [Enter Member Reminders](#)

- ▶ [Enter or Review Claims](#)
 - ▶ [Enter a Claim](#)
 - ▶ [Enter EAP CAF](#)
 - ▶ [View EAP CAF](#)
 - ▶ [Review a Claim](#)
 - ▶ [View My Recent Provider Summary Vouchers](#)
 - ▶ [PaySpan](#)

Enter or Review Referrals

- ▶ [Enter a Referral](#)
- ▶ [Review Referrals](#)

Enter Bed Tracking Information

- ▶ [Search Beds/Openings](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)

CLINICAL SUPPORT TOOLS

- ▶ [Print Spectrum Release of Information Form](#)

YOUR NEWS & ALERTS

- ▶ [VIEW YOUR EOB'S ONLINE](#)
- ▶ [DIRECT CLAIM SUBMISSION & CLAIM SEARCH GUIDE](#)
- ▶ [AUTHORIZATION SUBMISSION & SEARCH GUIDE](#)
- ▶ [MVP PARITY LIST](#)
- ▶ [EAP CLAIM SUBMISSION GUIDE](#)
- ▶ [DISCOUNT CODE FOR CEQUICK IS VALUE10](#)

Link ProviderConnect and Spectrum

- The first time the managed user logs in, they need to link their ProviderConnect account with Spectrum.
- Simply Click “Print Spectrum Release of Information Form”.

The screenshot shows the Beacon Health Options ProviderConnect website. The top navigation bar includes the logo, a 'Switch Account' link, and the user ID '12345TR-'. A left sidebar contains a list of navigation links. The main content area displays a welcome message for 'TIM REYNOLDS' and a message center section indicating an empty inbox. Below this, a 'WHAT DO YOU WANT TO DO TODAY?' section lists various actions, with 'Print Spectrum Release of Information Form' highlighted in a red box under the 'CLINICAL SUPPORT TOOLS' category.



PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account 12345TR-

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization/Notification Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Enter Bed Tracking Information
EDI Homepage
Enter Member Reminders
Reports
Print Spectrum Release of Information Form
ABA Availability Survey
My Online Profile
My Practice Information
Provider Credentialing Application
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Designation
Contact Us

Welcome **TIM REYNOLDS** . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER

 INBOX  SENT

Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

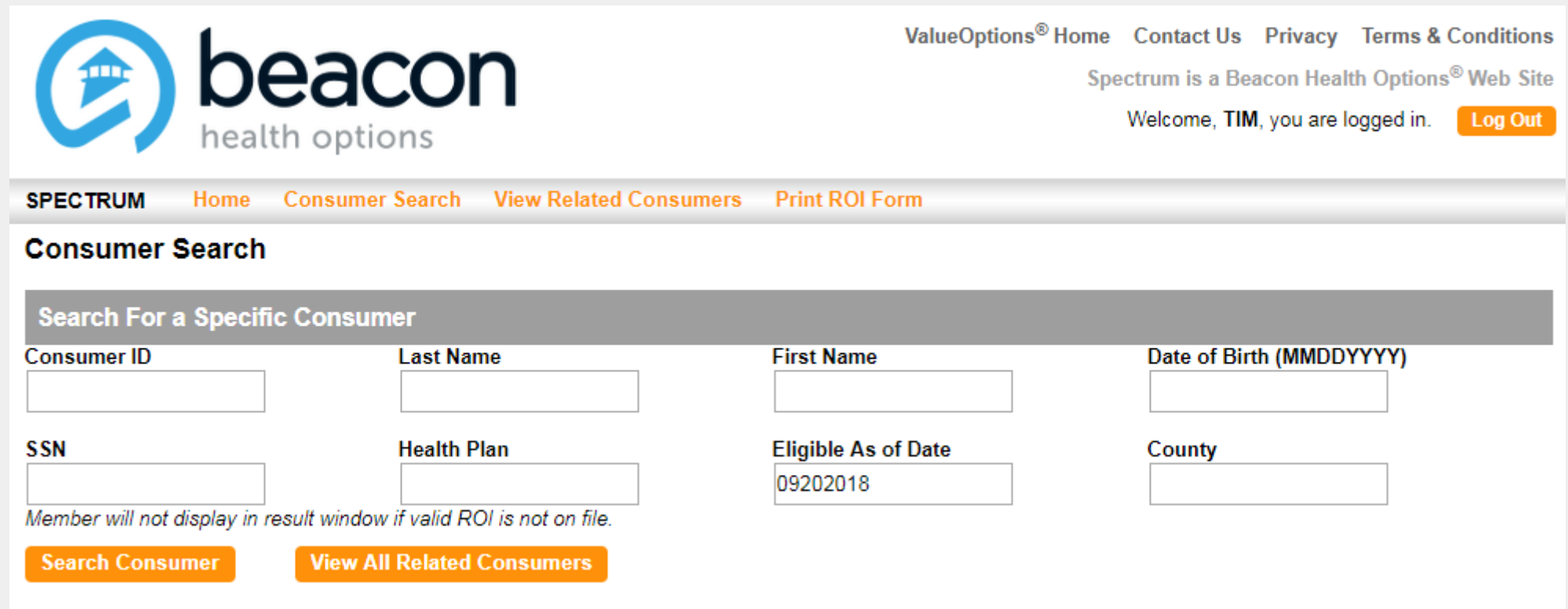
- ▶ [Link/Unlink Accounts](#) **NEW**
- ▼ [Eligibility and Benefits](#)
 - ▶ [Find a Specific Member](#)
 - ▶ [Register a Member](#)
- ▼ [Enter or Review Authorization Requests](#)
 - ▶ [Enter an Authorization/Notification Request](#)
 - ▶ [Review an Authorization](#)
 - ▶ [View Clinical Drafts](#)
- ▶ [Enter Member Reminders](#)
- ▼ [Enter or Review Claims](#)
 - ▶ [Enter a Claim](#)
 - ▶ [Enter EAP CAF](#)
 - ▶ [View EAP CAF](#)
 - ▶ [Review a Claim](#)
 - ▶ [View My Recent Provider Summary Vouchers](#)
 - ▶ [PaySpan](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)

CLINICAL SUPPORT TOOLS

- ▶ [Print Spectrum Release of Information Form](#)

Redirected to Spectrum

- The user will be redirected the user to the Spectrum site.
 - Spectrum and ProviderConnect accounts are now linked
 - No need to print or download anything at this point.



The screenshot displays the Beacon Health Options Spectrum website. At the top, the Beacon Health Options logo is on the left, and navigation links for ValueOptions®, Home, Contact Us, Privacy, and Terms & Conditions are on the right. Below these, it states "Spectrum is a Beacon Health Options® Web Site" and "Welcome, TIM, you are logged in." with a Log Out button. A secondary navigation bar includes SPECTRUM, Home, Consumer Search, View Related Consumers, and Print ROI Form. The main section is titled "Consumer Search" and contains a "Search For a Specific Consumer" header. Below this are input fields for Consumer ID, Last Name, First Name, Date of Birth (MMDDYYYY), SSN, Health Plan, Eligible As of Date (pre-filled with 09202018), and County. A note states: "Member will not display in result window if valid ROI is not on file." At the bottom are two buttons: "Search Consumer" and "View All Related Consumers".

beacon health options

ValueOptions® Home Contact Us Privacy Terms & Conditions

Spectrum is a Beacon Health Options® Web Site

Welcome, TIM, you are logged in. [Log Out](#)

SPECTRUM Home Consumer Search View Related Consumers Print ROI Form

Consumer Search

Search For a Specific Consumer

Consumer ID	Last Name	First Name	Date of Birth (MMDDYYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	Health Plan	Eligible As of Date	County
<input type="text"/>	<input type="text"/>	<input type="text" value="09202018"/>	<input type="text"/>

Member will not display in result window if valid ROI is not on file.

[Search Consumer](#) [View All Related Consumers](#)

Acting as your own system admin

Super users and Managed users

- **Super User** – Is an administrative user who manages other users' login accounts. They have the ability to:
 - Create new login accounts
 - Deactivate (disable) a managed user
 - Control access to specific areas within ProviderConnect
- **Managed User** – Is managed by a super user and has access to only those functions to which he/she has been granted access.

How to manage users

- After a super user account has been created they are ready to manage users. After logging in the super user will click the “Manage users” link

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Manage Users
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
EDI Homepage
Enter Member Reminders
On Track Outcomes Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information
Provider Data Sheet
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Designation
Contact Us

Welcome **E COMM MHC INC PILSEN LITTLE VILLAG** . Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

INBOX SENT

Your Recent Inquiries Box is empty

WHAT DO YOU WANT TO DO TODAY?

- [Eligibility and Benefits](#)
 - Find a Specific Member
 - Register a Member
- [Enter or Review Authorization Requests](#)
 - Enter an Authorization Request
 - Enter a Special Program Application
 - Enter a Comprehensive Service Plan
 - Review an Authorization
 - View Clinical Drafts
- [Enter Member Reminders](#)
- [Enter or Review Claims](#)
 - Enter EAP CAF
 - Review a Claim
 - View My Recent Provider Summary Vouchers
- [Enter or Review Referrals](#)
 - Enter a Referral
 - Review Referrals
- [Enter Bed Tracking Information](#)
- [Search Beds/Opening](#)
- [View My Recent Authorization Letters](#)
- [Complete Provider Forms](#)
- [Williams Transition Outcome Tracking Information](#)
- [Print Spectrum Release of Information Form](#)

CLINICAL SUPPORT TOOLS

- [View My Outcomes with On Track](#)

YOUR NEWS & ALERTS

- [VIEW YOUR BOSS ONLINE](#)
- [DIRECT CLAIM SUBMISSION & CLAIM SEARCH GUIDE](#)
- [AUTHORIZATION SUBMISSION & SEARCH GUIDE](#)
- [MY PASTY LIST](#)
- [EAP CLAIM SUBMISSION GUIDE](#)
- [DISCOUNT CODE FOR GROWK IS VALUE10](#)

How to add a new managed user

- Click on the appropriate Manage this User link to create a duplicate account for a new user that contains the same attributes as the managed user who is being copied.

Manage Users

The Users listed below are your 'Managed Users'. Click the Contact Name link to see the Role-Based functions assigned to each user. Click the UserID link to see user profile information.

Contact Name	User ID	Manage User	Disable User	Save Settings	Cancel	Copy User
DANY	JOSCAR	Manage this User ←	<input type="checkbox"/>	Save	Cancel	Copy
DANY	MICHAEL	Manage this User	<input type="checkbox"/>	Save	Cancel	Copy
LAURA	LORESCOLL	Manage this User	<input type="checkbox"/>	Save	Cancel	Copy

[Back](#)

[Click here to return to the ProviderConnect Homepage](#)

How to add a new managed user

- Click the Copy button

Manage Users

The Users listed below are your 'Managed Users'. Click the Contact Name link to see the Role-based Functions assigned to each user. Click the UserID link to see user profile information.

[Next Link](#)

Contact Name	User ID	Manage User	Disable User	Save Settings	Cancel	Copy User
DAVE	88888	+ Manage this User	<input type="checkbox"/>	Save	Cancel	Copy
Function Category	Allow/Deny					
ADMINISTRATIVE	<input checked="" type="checkbox"/>					
CLAIMS REVIEW	<input checked="" type="checkbox"/>					
CLAIMS SUBMISSION						
CLINICAL	<input checked="" type="checkbox"/>					
CUSTOMER SERVICE	<input checked="" type="checkbox"/>					
ELIGIBILITY	<input checked="" type="checkbox"/>					
IHC CATEGORY						
IHC CATEGORY						
SUMMARY VOUCHERS	<input checked="" type="checkbox"/>					
TINA CATEGORY						
DAVE	88888	+ Manage this User	<input type="checkbox"/>	Save	Cancel	Copy
LAURA	LDRISCOLL	+ Manage this User	<input type="checkbox"/>	Save	Cancel	Copy

[Next Link](#)

[Back](#)

Click here to return to the ProviderConnect Homepage

Fill out new user information

- Create your own user ID convention and assign your new managed user an ID.
- Replace the prepopulated information with the new managed user name, email, other contact information.
- Contact Name will be the display name under managed users so it is important to change the Contact Name to the name or other identifier that will be easy for the Super User to identify.

Complete the new user information

Copy User

Required fields are denoted by an asterisk (*) adjacent to the label.

* User Login ID	<input type="text" value="KEYPOINT"/> (30 Characters Max)	Provider ID	MULTIPLE
* First Name	KEYPOINT	Ten ID	APES
* Last Name	HEALTH SERVICES	* Notify E-mail	<input type="text" value="gary@noname.org"/>
* Contact Name	Gary	* Voice Phone	<input type="text" value="7036551212"/> Ext. <input type="text"/>
Address	<input type="text"/>	Fax Phone	<input type="text"/>
Address2	<input type="text"/>	* Password	<input type="password"/>
City/State	<input type="text"/> <input type="text"/>	* Secret Question	<input type="text"/>
Zip	<input type="text"/>	* Secret Answer	<input type="text"/>

Clear All

Click to clear all the data entered above

Cancel

Click to cancel the 'Copy User' request

Submit

Click to submit the 'Copy User' request

Manage User Permissions

- To manage permissions the super user will Click on the Manage users link

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF

Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Manage Users ←
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
EDI Homepage
Enter Member Reminders
On Track Outcomes Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information
Provider Data Sheet
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Designation
Contact Us

Welcome E COMM MHC INC PILSEN LITTLE VILLAG . Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

INBOX SENT

Your Recent Enquiries box is empty

WHAT DO YOU WANT TO DO TODAY?

- [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- [Enter or Review Authorization Requests](#)
 - [Enter an Authorization Request](#)
 - [Enter a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Review an Authorization](#)
 - [View Clinical Drafts](#)
- [Enter Member Reminders](#)

CLINICAL SUPPORT TOOLS

- [View My Outcomes with On Track](#)

YOUR NEWS & ALERTS

- [VIEW YOUR BOBS ONLINE](#)
- [DIRECT CLAIM SUBMISSION & CLAIM SEARCH GUIDE](#)
- [AUTHORIZATION SUBMISSION & SEARCH GUIDE](#)
- [MVP RASITY LIST](#)
- [EAP CLAIM SUBMISSION GUIDE](#)
- [DISCOUNT CODE FOR CQUICK IS VALUE30](#)

- [Enter or Review Claims](#)
 - [Enter EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
- [Enter or Review Referrals](#)
 - [Enter a Referral](#)
 - [Review Referrals](#)
- [Enter Bed Tracking Information](#)
- [Search Beds/Opening](#)
- [View My Recent Authorization Letters](#)
- [Complete Provider Forms](#)
- [Williams Transition Outcome Tracking Information](#)
- [Print Spectrum Release of Information Form](#)

Manage User Permissions

- Click manage the user link for the applicable user

Manage Users

The Users listed below are your 'Managed Users'. Click the Contact Name link to see the RoleBased functions assigned to each user. Click the UserID link to see user profile information.

Contact Name	User ID	Manage User	Disable User	Save Settings	Cancel	Copy User
GARY	400040	» Manage this User ←	<input type="checkbox"/>	Save	Cancel	Copy
GARY	MICHAEL	» Manage this User	<input type="checkbox"/>	Save	Cancel	Copy
LAURA	ADRESG004	» Manage this User	<input type="checkbox"/>	Save	Cancel	Copy

[Back](#)

[Click here to return to the ProviderConnect Homepage](#)

Manage User Permissions

- Check or uncheck the appropriate permission
- Click Save.
- Note: The Clinical permission is necessary for access to the Spectrum module where offender records can be reviewed.

Manage Users

The Users listed below are your "Managed Users". Click the Contact Name link to see the Role-Based Functions assigned to each user. Click the UserID link to see user profile information.

Contact Name	User ID	Manage User	Disable User	Save Settings	Cancel	Copy User
DALE, MICHAEL STANLEY	1000000001	Manage this User	<input type="checkbox"/>	Save	Cancel	Copy
Function Category	Allow/Deny					
ADMINISTRATIVE	<input type="checkbox"/>					
CLAIMS REVIEW	<input type="checkbox"/>					
CLAIMS SUBMISSION	<input type="checkbox"/>					
CLINICAL	<input type="checkbox"/>					
CUSTOMER SERVICE	<input type="checkbox"/>					
ENFORCEMENT	<input type="checkbox"/>					
FAC CATEGORY	<input type="checkbox"/>					
FAC CATEGORY	<input type="checkbox"/>					
SUMMARY VOUCHERS	<input type="checkbox"/>					
TINA CATEGORY	<input type="checkbox"/>					
MEL	1000000002	Manage this User	<input type="checkbox"/>	Save	Cancel	Copy

Deactivate a Managed User

- Click the Manage Users link

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Claim Listing and Submission
Enter BAP CAP
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Manage Users
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
EDI Homepage
Enter Member Reminders
On Track Outcomes Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information
Provider Data Sheet
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Designation
Contact Us

Welcome E COMM MHC INC PILSEN LITTLE VILLAG . Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

INBOX SENT

Your Recent Enquiries box is empty

WHAT DO YOU WANT TO DO TODAY?

- [Eligibility and Benefits](#)
 - Find a Specific Member
 - Register a Member
- [Enter or Review Authorization Requests](#)
 - Enter an Authorization Request
 - Enter a Special Program Application
 - Enter a Comprehensive Service Plan
 - Review an Authorization
 - View Clinical Drafts
- [Enter Member Reminders](#)
- [Enter or Review Claims](#)
 - Enter BAP CAP
 - Review a Claim
 - View My Recent Provider Summary Vouchers
- [Enter or Review Referrals](#)
 - Enter a Referral
 - Review Referrals
- [Enter Bed Tracking Information](#)
- [Search Beds/Opening](#)
- [View My Recent Authorization Letters](#)
- [Complete Provider Forms](#)
- [Williams Transition Outcome Tracking Information](#)
- [Print Spectrum Release of Information Form](#)

CLINICAL SUPPORT TOOLS

- [View My Outcomes with On Track](#)

YOUR NEWS & ALERTS

- [VIEW YOUR EGGS ONLINE](#)
- [DIRECT CLAIM SUBMISSION & CLAIM SEARCH GUIDE](#)
- [AUTHORIZATION SUBMISSION & SEARCH GUIDE](#)
- [MY PABILITY LIST](#)
- [BAP CLAIM SUBMISSION GUIDE](#)
- [DISCOUNT CODE FOR COVERAGES VALUE30](#)

Deactivate a Managed User

- Mark disable user
- Click save

Manage Users

The Users listed below are your 'Managed Users'. Click the Contact Name link to see the RoleBased functions assigned to each user. Click the UserID link to see user profile information.

[Next >>](#)

Contact Name	User ID	Manage User	Disable User	Save Settings	Cancel	Copy User
GARY	G00140	Manage this User	<input type="checkbox"/>	Save	Cancel	Copy
GARY	G00141	Manage this User	<input checked="" type="checkbox"/>	Save	Cancel	Copy
LAURA	L0013004	Manage this User	<input type="checkbox"/>	Save	Cancel	Copy

[Next >>](#)

[Back](#)

[Click here to return to the ProviderConnect Homepage](#)

Release of Information is Required

Release of Information is Required

- The SB123 program provides an opportunity for treatment of Substance Use Disorders rather than incarceration. As a result, all records held by Beacon will be protected by 42 CFR 2.35

42 CFR 2.35 - Disclosures to elements of the criminal justice system which have referred patients
§ 2.35 Disclosures to elements of the criminal justice system which have referred patients.

(a) A part 2 program may disclose information about a patient to those individuals within the criminal justice system who have made participation in the part 2 program a condition of the disposition of any criminal proceedings against the patient or of the patient's parole or other release from custody if:

(1) The disclosure is made only to those individuals within the criminal justice system who have a need for the information in connection with their duty to monitor the patient's progress (e.g., a prosecuting attorney who is withholding charges against the patient, a court granting pretrial or post-trial release, probation or parole officers responsible for supervision of the patient); and

(2) The patient has signed a written consent meeting the requirements of § 2.31 (except paragraph (a)(6) of this section which is inconsistent with the revocation provisions of paragraph (c) of this section) and the requirements of paragraphs (b) and (c) of this section.

(b) Duration of consent. The written consent must state the period during which it remains in effect. This period must be reasonable, taking into account:

(1) The anticipated length of the treatment;

(2) The type of criminal proceeding involved, the need for the information in connection with the final disposition of that proceeding, and when the final disposition will occur; and

(3) Such other factors as the part 2 program, the patient, and the individual(s) within the criminal justice system who will receive the disclosure consider pertinent.

(c) Revocation of consent. The written consent must state that it is revocable upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event. The time or occurrence upon which consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which consent was given.

(d) Restrictions on re-disclosure and use. An individual within the criminal justice system who receives patient information under this section may re-disclose and use it only to carry out that individual's official duties with regard to the patient's conditional release or other action in connection with which the consent was given.

[82 FR 6115, Jan. 18, 2017, as amended at 83 FR 251, Jan. 3, 2018]

Approved Release of Information



Consent and Authorize
Receive Information

I, _____ (Member Name) _____
authorize the disclosure and use of my health and/or other personal information.

1. Name and address of the person or organization authorized to **provide to**
Name: _____
Address: _____

2. Name, address, and telephone number of the person or organization authorized to
provide information.

Information received through this consent may be redisclosed to:

_____ The court assigned to the case and the court's employees as necessary
case.

_____ The attorneys assigned to the case.

3. Information to be released (check one or more **AND** describe the request
possible in the space below, including dates of service if applicable):

_____ Medical Records	_____ Psychiatric E
_____ Psychological Testing	_____ Admission/Di
_____ Education Records	_____ Social Histor
_____ Alcohol/Drug Treatment Information	_____ Other
_____ Legal/Court-Related Matters	

4. This information will be used for (check one or more):

_____ Presentence Investigation
_____ Probation Case Supervision
_____ Other (describe): _____

¹ This form is designed to comply with HIPAA (45 CFR Parts 160 and 164) and federal law concerning
information (42 CFR Part 2).

Beacon Health Strategies, LLC is a Beacon Health Options



5. Please read the following and initial:

A. I understand that once the uses and disclosures have been made pursuant to this Consent and Authorization, the information released (other than alcohol and/or drug abuse treatment) will be subject to re-disclosure by any recipient and will no longer be protected by federal confidentiality.
_____ (initial)

B. This document serves as my written consent to and authorization for release of any information regarding such with a psychologist or any other mental health worker. I understand that I grant consent for this release of mental health information will in no way jeopardize my right to obtain treatment, except where disclosure is necessary for treatment or permitted by law. My psychotherapy notes may be disclosed by my signing this Consent and Authorization; authorization is required for the release of psychotherapy notes.
_____ (initial)

C. I consent to and authorize the release of any information regarding my exposure to or infection with a sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), or hepatitis.
_____ (initial)

D. I consent to and authorize the release of any information regarding my past or present alcohol and/or drug abuse.
_____ (initial)

E. I understand that I have the right to revoke this consent to and authorization for the release of health information (other than alcohol and/or drug abuse treatment information) at any time by written revocation to the releasing agency or other entity making the disclosure except the agency or entity has already released the information. I understand that I have the right to revoke this Consent and Authorization for the release/disclosure of alcohol or drug abuse treatment information whose confidentiality is protected by federal law, by verbally communicating the revocation to the releasing agency or other entity making the disclosure, or by delivering a written revocation, to the releasing agency or other entity making the disclosure to the extent that the agency or entity has already released the information and/or taken upon it.
_____ (initial)

F. I understand that the covered entity/entities from whom I am requesting the use and disclosure of protected health information may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on whether I sign this Consent and Authorization, except to the extent that the provision of health care is solely for the purpose of creating protected health information for a third party, or as otherwise permitted by law.
_____ (initial)



G. I understand that my revocation of this Consent and Authorization will be reported to the court. I understand that my revocation of this Consent and Authorization may be considered a violation of my probation conditions.
_____ (initial)

H. This Consent and Authorization automatically expires upon my release from court supervision unless otherwise specified.
_____ (initial)

6. I certify that this Consent and Authorization has been executed with my full knowledge and understanding of its contents. I certify that I agree to the uses and disclosures listed above and that I will receive a copy of this signed consent and authorization.

Signature _____

Date _____

Signature of Personal Representative (if applicable) _____

Date _____

PROHIBITION ON REDISCLOSURE: If this consent and authorization concerns the disclosure of alcohol and/or drug abuse treatment information protected by federal law, the following legal requirements and prohibitions apply to the entity receiving the information:

"This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient." 42 CFR Part 2, §2.32.

If you authorized release of alcohol or substance use information to a healthcare organization that is not your treating provider, for the next two years, you have the right to find out who within that organization actually saw your information. You should contact the organization directly for that information.



How to submit a Release of Information to gain access to an offender record

How to submit a Release of Information to gain access to an offender record

■ Click Find Specific Member

The screenshot shows the Beacon Health Options ProviderConnect website. The top navigation bar includes a 'STAGING' label, a 'Switch Account' dropdown menu showing '132162KS-Kansas Medicaid', and links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. The left sidebar contains a list of navigation links: Home, Specific Member Search, Register Member, Authorization Listing, Enter an Authorization/Notification Request, View Clinical Drafts, Claim Listing and Submission, Enter EAP CAF, Review Referrals, Enter Bed Tracking Information, Search Beds/Opening, EDI Homepage, Enter Member Reminders, On Track Outcomes Reports, Print Spectrum Release of Information Form, My Online Profile, My Practice Information, Provider Data Sheet, Compliance, Handbooks, Forms, Network Specific Information, Education Center, and ValueSelect Destination. The main content area displays a welcome message: 'Welcome THE MIRROR . Thank you for using Beacon Health Options ProviderConnect.' Below this is a 'YOUR MESSAGE CENTER' section with icons for 'INBOX' and 'SENT', and a message stating 'Your inbox is empty'. The 'WHAT DO YOU WANT TO DO TODAY?' section lists various actions: Link/Unlink Accounts (NEW), Eligibility and Benefits (with 'Find a Specific Member' highlighted in a red box), Register a Member, Enter or Review Authorization Requests (with sub-links: Enter an Authorization/Notification Request, Review an Authorization, View Clinical Drafts), Enter Member Reminders, Enter or Review Claims (with sub-links: Enter a Claim, Enter EAP CAF, Review a Claim, View My Recent Provider Summary Vouchers, DaySpan), Enter or Review Referrals (with sub-links: Enter a Referral, Review Referrals), Enter Bed Tracking Information, Search Beds/Opening, Update Demographic Information, Update Foster Information, and Update A&A Paraprofessional Foster Information.

Search for the Offender

- Enters the member ID (KBI # or KDOC #) and Date of Birth
Note: DOB on record with KSSC will be the DOB used for offender searches
- Click search

The screenshot shows the 'STAGING CONNECT' web application interface. The top navigation bar includes links for 'Switch Account' (with a dropdown showing '132162KS-Kansas Medicaid'), 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. A left sidebar lists various user functions such as 'Home', 'Specific Member Search', 'Register Member', 'Authorization Listing', 'Enter an Authorization/Notification Request', 'View Clinical Drafts', 'Claims Listing and Submission', 'Enter EAP CAF', 'Review Referrals', 'Enter Bed Tracking Information', 'Search Beds/Opening', 'EDI Homepage', 'Enter Member Reminders', 'On Track Outcomes Reports', 'Print Spectrum Release of Information Form', 'My Online Profile', 'My Practice Information', 'Provider Data Sheet', 'Compliance', 'Handbooks', 'Forms', 'Network Specific Information', 'Education Center', and 'ValueSelect Designation'. The main content area is titled 'Eligibility & Benefits Search' and contains a form with the following fields: 'Member ID' (containing 'TEMP000863153' with a note '(No spaces or dashes)'), 'Last Name' (empty), 'First Name' (empty), 'Date of Birth' (containing '01011965' with a note '(MMDDYYYY)'), and 'As of Date' (containing '04212016' with a note '(MMDDYYYY)'). A 'Search' button is located at the bottom of the form and is highlighted with a red rectangle.

What if the member isn't found?

- The information entered is incorrect, or,
- The offender is not eligible meaning the offender information has not yet come to Beacon from the KSSC
- What to do?
 - Step 1: Contact Beacon first to verify your offender info 866-645-8216 Option 3 for KSSC related questions
 - Step 2: Contact the ISO to ensure KBI number and Date of Birth are updated in their system
 - Step 3: Contact KSSC to find out status of offender

On the Offender Information Page

■ Click Send Inquiry

Proton CONNECT
STAGING
BEACON HEALTH OPTIONS

Switch Account 13216203-Kansas Medicaid ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization/Notification Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information
Provider Data Sheet
Compliance

Demographics Enrollment History COB Benefits Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member		Eligibility	
Member ID	TEMP000063153	Effective Date	01/01/2012
Alternate ID		Expiration Date	
Member Name	MEMBER, TEMP	COB Effective Date	
Date of Birth	01/01/1965		
Address	1234 WEST NO WHERE LN WICHITA, KS 67201		
Alternate Address			
Marital Status	-		
Home Phone	316-123-4567		
Work Phone			
Relationship	1		
Gender	M - Male		

Subscriber

Subscriber ID	TEMP000063153
Subscriber Name	MEMBER, TEMP

Member Participates in Message Center Communication with Providers? No

View Member Auths View Member Claims View Empire Claims View SHI-BMP Claims
Enter Auth/Notification Request Enter Claim **Send Inquiry** View Clinical Drafts
Enter Member Reminders
View Spectrum Record Disable Member Communication

Complete the Inquiry Screen

- **In the Contact Name field enter user ID.**
 - This will enable Beacon to grant a specific user permissions to access an offender record.

Customer Service Inquiry

Required fields are denoted by an asterisk (*) adjacent to the label.

Member information has been captured for this inquiry. Please provide additional information below before submitting the inquiry.
Please note, inquiries are responded to within 5 business days. The response from Beacon Health Options will appear in your Inbox in ProviderConnect.

Current Member

Member ID	TEMP000863153
Effective Date	01/01/2012
Expiration Date	
Member Name	MEMBER, TEMP
Alternate ID	
Date of Birth	01/01/1965
Client	KANSAS

Contact Details

Provider ID	132162
Provider Name	DANIELS, FRANK
Contact Name (if other than provider)	12345FD

*State your reason for the inquiry.

Please see attached ROI for access to Spectrum.
Thanks
Frank

Maximum characters: 1900
You have 1838 characters left.

Attach a Document

Complete the form below to attach a document with this inquiry.

- Click Attach a Document

beacon | KSSC Implementation Provider Training

Attach a Release of Information

- Select “General Correspondence” from the Type of document you are attaching pull down menu
- Click upload file

Contact Details

Provider ID: 994747
Provider Name: TEST, ABCXYZ
Contact Name (if other than provider): 12345FD

* State your reason for the inquiry.

Please see attached ROI for access to Spectrum.
Thanks
Frank

Maximum characters: 1900
You have 1836 characters left.

Attach a Document

Complete the form below to attach a document with this Inquiry

If this is an Authorization Request, it must be initiated by clicking the 'Enter an Authorization Request' link.

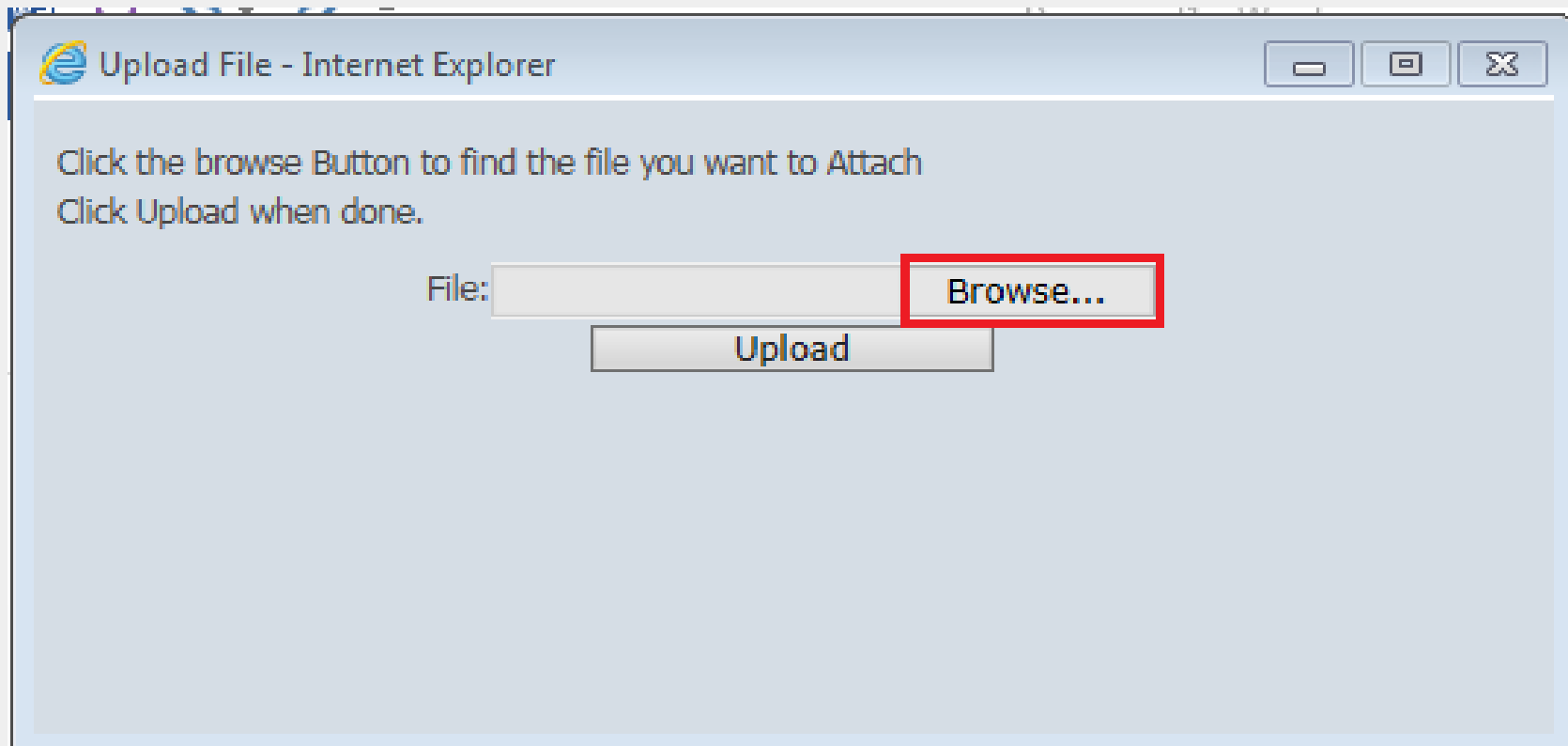
* Document Type: Type of Document you are attaching... General Correspondence

* Document Description: General Correspondence

Attached Document: Click to attach a document Click to delete an attached document

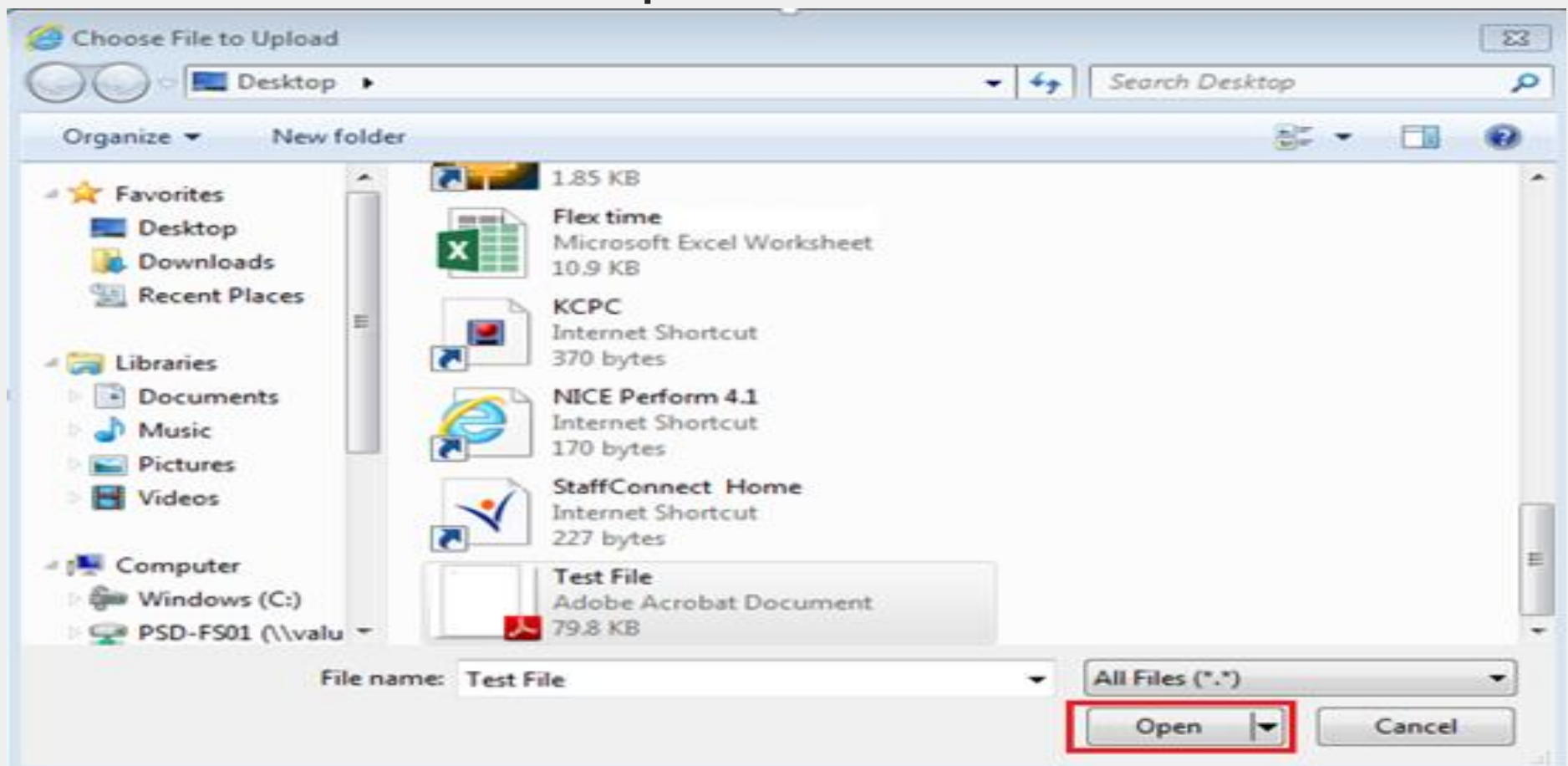
Attach a Release of Information

- A standard upload file window will pop up. Click Browse.



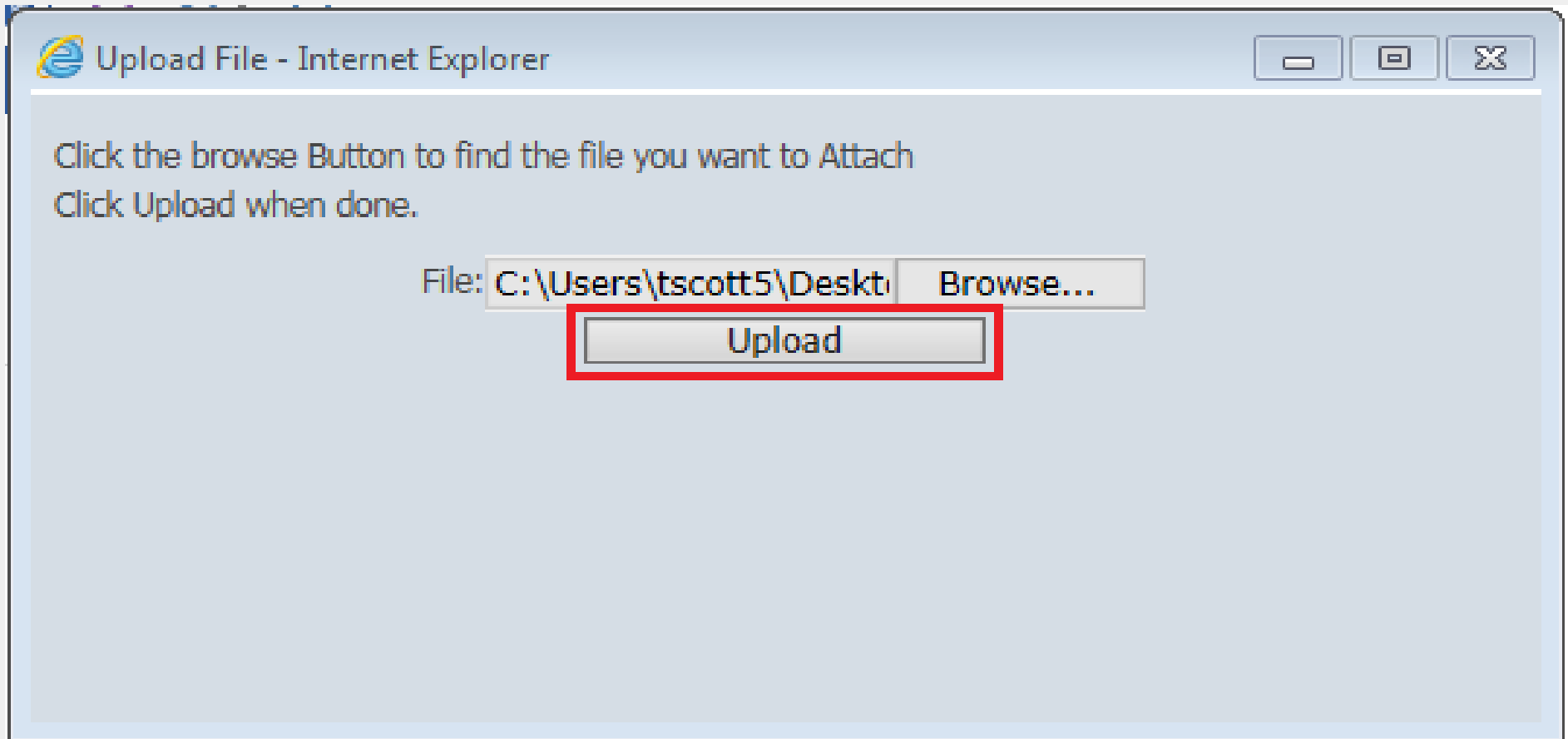
Attach a Release of Information

- Located the file to be uploaded and select it so that the name of the file populates in the File Name field. Click Open



Attach a Release of Information

- Click Upload



Submit the Release of Information

- Verify the file has successfully uploaded the intended document
- Click Submit

My Practice Information
Provider Data Sheet
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Designation
Contact Us

Contact Details

Provider ID: 132162
Provider Name: MIRROR, THE
Contact Name (if other than provider): Bob Heart

•State your reason for the inquiry.
I am requesting 3.3 please send Fax. ROI and faxed request for attached
-Bob

Maximum characters: 1900
You have 1820 characters left.

•Attach a Document

Complete the form below to attach a document with this inquiry.

If this is an Authorization Request, it must be initiated by clicking the 'Enter an Authorization Request' link.

*Document Type: Type of Document you are attaching... **Document Containing Clinical Information about Member**

*Document Description: Document Containing Clinical Information about Member

Click to attach a document Click to delete an attached document

Attached Document:
☐ (Test File.pdf) - Document Containing Clinical Information about Member

Track Sent Inquiries and Responses

- When the provider logs into ProviderConnect they can see sent inquiries in their sent folder and notifications of new messages in their inbox.
- To view messages they will click on their Inbox.



How to view offender records

How to view offender records

- Click on Find specific Member

The screenshot shows the Beacon Health Options ProviderConnect website. The top navigation bar includes the logo, a 'Switch Account' button, the user ID '111211-KSSProvider', and links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. A left sidebar lists various functions such as 'Home', 'Specific Member Search', 'Register Member', 'Authorization Listing', 'Enter an Authorization/Notification Request', 'View Clinical Drafts', 'Claim Listing and Submission', 'Enter EAP CAF', 'Review Referrals', 'Enter Bed Tracking Information', 'Search Beds/Opening', 'Edit Homepage', 'Enter Member Reminders', 'On Track Outcomes Reports', 'Print Spectrum Release of Information Form', 'My Online Profile', 'My Practice Information', 'Provider Data Sheet', 'Compliance', 'Handbooks', 'Forms', 'Network Specific Information', 'Education Center', and 'ValueSelect Destination'. The main content area features a 'Welcome' message from 'ABCC' and a 'Thank you for using Beacon Health Options ProviderConnect.' message. Below this is a 'YOUR MESSAGE CENTER' section with 'INBOX' and 'SENT' icons, and a message stating 'Your inbox is empty'. The 'WHAT DO YOU WANT TO DO TODAY?' section contains several categorized links. The 'Eligibility and Benefits' category is expanded, showing a red box around the 'Find a Specific Member' link. Other categories include 'Link/Unlink Accounts', 'Enter or Review Claims', 'Enter or Review Authorization Requests', 'Enter or Review Referrals', 'Enter Member Reminders', 'Enter Bed Tracking Information', 'Search Beds/Opening', 'Update Demographic Information', 'Update Roster Information', and 'Update ABA Paraprofessional Roster Information'.

STAGING CONNECT
BEACON HEALTH OPTIONS

Switch Account 111211-KSSProvider ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization/Notification Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
Edit Homepage
Enter Member Reminders
On Track Outcomes Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information
Provider Data Sheet
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Destination

Welcome ABCC Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER

INBOX SENT

Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

- Link/Unlink Accounts **NEW**
- Eligibility and Benefits
 - Find a Specific Member**
 - Register a Member
- Enter or Review Authorization Requests
 - Enter an Authorization/Notification Request
 - Review an Authorization
 - View Clinical Drafts
- Enter Member Reminders
- Enter or Review Claims
 - Enter a Claim
 - Enter EAP CAF
 - Review a Claim
 - View My Recent Provider Summary Vouchers
 - PaySpan
- Enter or Review Referrals
 - Enter a Referral
 - Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- Update Demographic Information
- Update Roster Information
- Update ABA Paraprofessional Roster Information

Search for the Offender

- Enter KBI or KDOC number for ID and Date of Birth
- Click search

Beacon CONNECT
HEALTHY. HEALTHY. OPTIONS.

Switch Account **132162KS-Kansas Medicaid** ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization/Notification Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
EDI Homepage
Enter Member Reminders
On Track Outcomes Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information
Provider Data Sheet
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Destination

Eligibility & Benefits Search

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

Member ID *	TEMP000863153 (No spaces or dashes)
Last Name	
First Name	
Date of Birth *	01/01/1985 (MM/DD/YYYY)
As of Date	04/21/2016 (MM/DD/YYYY)

Search

View Spectrum Record

- Click View Spectrum Record
- This opens a new browse window and redirects to the Spectrum module

The screenshot displays the STAGINGCONNECT member portal interface. The top navigation bar includes links for Home, Specific Member Search, Register Member, Authorization Listing, Enter an Authorization/Notification Request, View Clinical Drafts, Claim Listing and Submission, Enter EAP CAF, Manage Users, Review Referrals, Enter Bed Tracking Information, Search Beds/Openings, Weekly Behavior Analysis Measures, EDI Homepage, Enter Member Reminders Reports, Print Spectrum Release of Information Form, ABA Availability Survey, My Online Profile, My Practice Information, Provider Credentialing Application, Compliance, Handbooks, Forms, Network Specific Information, Education Center, ValueSelect Designation, and Contact Us. The main content area is titled 'Demographics' and shows member information for Member ID TEMP000863153, Member Name MEMBER, TEMP, and Date of Birth 01/01/1965. The 'View Spectrum Record' button is highlighted with a red rectangle. Other buttons visible include View Member Autns, View Member Claims, View Empire Claims, View GHI-BMP Claims, Enter Auth/Notification Request, Enter Claim, Send Inquiry, View Clinical Drafts, Enter Member Reminders, and Disable Member Communication.


Member Information		Eligibility	
Member ID	TEMP000863153	Effective Date	01/01/2012
Alternate ID		Expiration Date	
Member Name	MEMBER, TEMP	COB Effective Date	
Date of Birth	01/01/1965		
Address	1234 WEST NO WHERE LN WICHITA, KS 67201		
Alternate Address			
Marital Status	-		
Home Phone	316 -123 -4567		
Work Phone			
Relationship	1		
Gender	M - Male		

Member Participates in Message Center Communication with Providers? No

Buttons: View Member Autns, View Member Claims, View Empire Claims, View GHI-BMP Claims, Enter Auth/Notification Request, Enter Claim, Send Inquiry, View Clinical Drafts, Enter Member Reminders, View Spectrum Record, Disable Member Communication

Demographics

- Demographics page shows default offender information, including current eligibility status.

**beacon**
health options

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Spectrum is a Beacon Health Options® Web Site

Welcome, THE, you are logged in. [Log Out](#)

SPECTRUM Home Consumer Search View Related Consumers Print ROI Form

Consumer Record

Consumer Id TEMP000863153	Name MEMBER,TEMP	Date of Birth 01/01/1965	Age 53	Phone 316-123-4567	Effective Date 01/01/2012	Expiration Date
DEMOGRAPHICS	HEALTH CONDITIONS AND SERVICES	MEDICATIONS/LABS	CARE PLAN	CONTACT CENTER/CARE TEAM	RISKS/ALERTS/ DECISION SUPPORT	

Demographics

Address 1234 WEST NO WHERE LN WICHITA KS 67201	Engagement Center KANS	Benefit Package KANSAS SAPT AID (PROGRAM IS PAID 100% OF RATE)	Benefit Effective Date 01/01/2012
Phone 316-123-4567	Parent KANS		Benefit Expiration Date

Benefits Section

Client ID KANS	Client Name KANSAS
Benefit Package KAN3	

Member benefit information is not available. Please contact Customer Service if you would like more information.

Health Conditions and Services

SPECTRUM [Home](#) [Consumer Search](#) [View Related Consumers](#) [Print ROI Form](#)

Consumer Record

Consumer Id: TEMP000863153 Name: MEMBER,TEMP Date of Birth: 01/01/1965 Age: 53 Phone: 316-123-4567 Effective Date: 01/01/2012 Expiration Date:

DEMOGRAPHICS	HEALTH CONDITIONS AND SERVICES	MEDICATIONS/LABS	CARE PLAN	CONTACT CENTER/CARE TEAM	RISKS/ALERTS/DECISION SUPPORT
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Health Conditions

▼ Behavioral Health Conditions

Frequency	Description	Source
No data found.		

▼ Physical Health Conditions

Frequency	Description	Source
No data found.		

Claims Based Services

▼ Claims History

Please change filter selections to expand/filter display results.

Claim Type: Start Date: End Date: [Filter Results](#)

Service Type: Provider name:

Condition: Procedure:

Claim Type	Condition	Service Type	Diagnosis	Procedure	Procedure Description	Provider Name	Provider Specialty	Service Start Date	Service End Date
No data found.									

▼ Authorization History

Auth Type:

Auth Type	Source	Diagnosis	Diagnosis Description	Procedure	Procedure Description	Provider Name	Provider Specialty	Effective Date	Expiration Date
IP/HLOC/Specialty	Beacon Health Options	F10.97	Alcohol use, unspecified with alcohol-induced pers					03/05/2018	06/30/2018
IP/HLOC/Specialty	Beacon Health Options	F10.97	Alcohol use, unspecified with alcohol-induced pers					03/08/2018	03/15/2018

[PREVIOUS](#) [NEXT](#)

Health Conditions and Services

- Health Conditions and Services shows the last 12mo of treatment history for the offender held in the Beacon system.
- Note that history is dependent upon provider submitted authorization requests and claims submissions. It may take several weeks to get all offender authorizations entered and accounted for depending on provider responsiveness.
- Also note that only history relevant to the provider account will be viewable unless there is a release on file with Beacon that requests access to a specific managed user.

View Related Consumers

- Click View Related Consumers

SPECTRUM Home Consumer Search **View Related Consumers** Print ROI Form

Consumer Record

Consumer Id TEMP000863153	Name MEMBER,TEMP	Date of Birth 01/01/1965	Age 53	Phone 316-123-4567	Effective Date 01/01/2012	Expiration Date
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DEMOGRAPHICS	HEALTH CONDITIONS AND SERVICES	MEDICATIONS/LABS	CARE PLAN	CONTACT CENTER/CARE TEAM	RISKS/ALERTS/ DECISION SUPPORT
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Health Conditions

▼ Behavioral Health Conditions

Frequency	Description	Source
No data found.		

View Related Consumers

- View Related Consumers gives a view of all offenders the user has submitted a release of information to view. If an offender is not viewable that should be either a release of information needs to be submitted or Beacon can be contacted to check on the status of the release so that permissions to the record can be granted.



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SPECTRUM [Home](#) [Consumer Search](#) [View Related Consumers](#) [Print ROI Form](#)

Search Results

Consumer ID	Last Name	First Name	Middle Initial	DOB	SSN	Parent Code	Eff Date	Exp Date
Group #	Address						ARCP	
TEMP000863153 KANB01	MEMBER	TEMP		1/1/65	123456789	KANS	1/1/12 N	
1234 WEST NO WHERE LN WICHITA KS 67201								

How to determine offender eligibility

How to determine offender eligibility

■ Clicks Find specific Member

The screenshot displays the Beacon Health Options ProviderConnect web application. The top navigation bar includes a 'STAGING' label, a 'Switch Account' button, and the user ID '111211-KSPProvider'. The main content area shows a 'Welcome' message to 'ABCC' and a 'Thank you for using Beacon Health Options ProviderConnect.' message. Below this is a 'YOUR MESSAGE CENTER' section with 'INBOX' and 'SENT' icons, indicating 'Your inbox is empty'. The 'WHAT DO YOU WANT TO DO TODAY?' section lists various actions, with 'Find a Specific Member' highlighted in a red box under the 'Eligibility and Benefits' category. The left sidebar contains a list of navigation links, including 'Home', 'Specific Member Search', 'Register Member', 'Authorization Listing', 'Enter an Authorization/Notification Request', 'View Clinical Drafts', 'Claim Listing and Submission', 'Enter EAP CAF', 'Review Referrals', 'Enter Bed Tracking Information', 'Search Beds/Opening', 'EDI Homepage', 'Enter Member Reminders', 'On Track Outcomes Reports', 'Print Spectrum Release of Information Form', 'My Online Profile', 'My Practice Information', 'Provider Data Sheet', 'Compliance', 'Handbooks', 'Forms', 'Network Specific Information', 'Education Center', and 'ValueSelect Destination'.

STAGING

Switch Account 111211-KSPProvider ValueOptions Home Provider Home Contact Us Log Out

Welcome ABCC Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER

INBOX SENT

Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

- Link/Unlink Accounts NEW
- Eligibility and Benefits
 - Find a Specific Member**
 - Register a Member
- Enter or Review Authorization Requests
 - Enter an Authorization/Notification Request
 - Review an Authorization
 - View Clinical Drafts
- Enter Member Reminders
- Enter or Review Claims
 - Enter a Claim
 - Enter EAP CAF
 - Review a Claim
 - View My Recent Provider Summary Vouchers
 - PinSpan
- Enter or Review Referrals
 - Enter a Referral
 - Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- Update Demographic Information
- Update Roster Information
- Update ABA Paraprofessional Roster Information

Search for the Offender

- Enter KBI or KDOC number for ID and Date of Birth
- Click search

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As of Date	04/21/2016 (MM/DD/YYYY)

Search

What if the member isn't found?

- The information entered is incorrect, or,
- The offender is not eligible meaning the offender information has not yet come to Beacon from the KSSC
- What to do?
 - Step 1: Contact Beacon first to verify your offender info 866-645-8216 Option 3 for KSSC related questions
 - Step 2: Contact the ISO to ensure KBI number and Date of Birth are updated in their system
 - Step 3: Contact KSSC to find out status of offender

Review Benefits

- Click the Benefits tab.
 - KSS1 – Legacy KSSC package termed as of 10/1/18
 - KSS2 – Presentencing, SASSI covered as a standalone service and the DAAP are covered
 - KSS3 – Post-sentencing, The DAAP and all treatment services are covered

The screenshot displays the STAGING CONNECT web application interface. The top navigation bar includes a logo, a 'Switch Account' dropdown menu showing '13216243-General Claims Account', and links for 'ValueOptions Home' and 'Provider Home'. A left sidebar contains a list of navigation options: Home, Specific Member Search, Register Member, Authorization Listing, Enter an Authorization/Notification Request, View Clinical Drafts, Claim Listing and Submission, Enter EAP CAP, Manage Users, Review Referrals, Enter Bed Tracking Information, Search Beds/Openings, Weekly Behavior Analysis Measures, EDI Homepage, Enter Member Reminders, and Reports. The main content area features a tabbed interface with 'Demographics', 'Enrollment History', 'COB', 'Benefits' (highlighted in yellow), and 'Additional Information'. Below the tabs, a message states: 'Member eligibility does not guarantee payment. Benefits are as of today's date. This is a summary of the Member's benefits. For additional information, please submit an inquiry to Customer Service by selecting the inquiry button at the bottom of this page.' A 'Member Detail' section shows: 'Client ID: KANS', 'Client Name: KANSAS', and 'Benefit Package(s): KSS2' (highlighted in yellow). Below this, a message instructs the user to click the 'Benefits' link to launch the Self-Service Portal (SSP). At the bottom, there are two rows of buttons: 'View Member Auths', 'View Member Claims', 'View Empire Claims', and 'View DRG-599 Claims' in the top row; and 'Enter Auth/Notification Request', 'Enter Claim', and 'Send Inquiry' in the bottom row.

Please send questions or comments to:

SB123@BeaconHealthOptions.com

Thank you!

